House of Representatives

General Assembly

File No. 147

February Session, 2016

House Bill No. 5379

House of Representatives, March 23, 2016

The Committee on Aging reported through REP. SERRA of the 33rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING REMOVAL OF OBSOLETE PROVISIONS FROM THE CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM STATUTE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 17a-314 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2016*):

(a) As used in this section:

(1) "CHOICES" means Connecticut's programs for health insurance assistance, outreach, information and referral, counseling and eligibility screening; and

(2) "CHOICES health insurance assistance program" means the federally recognized state health insurance assistance program funded pursuant to P.L. 101-508 and administered by the Department on Aging, in conjunction with the area agencies on aging and the Center for Medicare Advocacy, that provides free information and assistance related to health insurance issues and concerns of older persons and

other Medicare beneficiaries in Connecticut. [; and]

[(3) "Medicare organization" means any corporate entity or other organization or group that contracts with the federal Centers for Medicare and Medicaid Services to serve as a Medicare health plan organization to provide health care services to Medicare beneficiaries in this state as an alternative to the traditional Medicare fee-for-service plan.]

(b) The Department on Aging shall administer the CHOICES health insurance assistance program, which shall be a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries.

(c) The program shall provide: (1) Toll-free telephone access for consumers to obtain advice and information on Medicare benefits, including prescription drug benefits available through the Medicare Part D program, the Medicare appeals process, health insurance matters applicable to Medicare beneficiaries and long-term care options available in the state at least five days per week during normal business hours; (2) information, advice and representation, where appropriate, concerning the Medicare appeals process, by a qualified attorney or paralegal at least five days per week during normal business hours; (3) information through appropriate means and format, including written materials, to Medicare beneficiaries, their families, senior citizens and organizations regarding Medicare benefits, including prescription drug benefits available through Medicare Part D and other pharmaceutical drug company programs and long-term care options available in the state; (4) information concerning Medicare plans and services, private insurance policies and federal and state-funded programs that are available to beneficiaries to supplement Medicare coverage; (5) information permitting Medicare beneficiaries to compare and evaluate their options for delivery of Medicare and supplemental insurance services; (6) information concerning the procedure to appeal a denial of care and the procedure to request an expedited appeal of a denial of care; and (7) any other

information the program or the Commissioner on Aging deems relevant to Medicare beneficiaries.

(d) The Commissioner on Aging may include any additional functions necessary to conform to federal grant requirements.

[(e) The Insurance Commissioner, in cooperation with, or on behalf of, the Commissioner on Aging, may require each Medicare organization to: (1) Annually submit to the Insurance Commissioner any data, reports or information relevant to plan beneficiaries; and (2) at any other times at which changes occur, submit information to the Insurance Commissioner concerning current benefits, services or costs to plan beneficiaries. Such information may include information required under section 38a-478c.

(f) Each Medicare organization that fails to file the annual data, reports or information requested pursuant to subsection (e) of this section shall pay a late fee of one hundred dollars per day for each day from the due date of such data, reports or information to the date of filing. Each Medicare organization that files incomplete annual data, reports or information shall be so informed by the Insurance Commissioner, shall be given a date by which to remedy such incomplete filing and shall pay said late fee commencing from the new due date.

(g) Not later than June 1, 2001, and annually thereafter, the Insurance Commissioner, in conjunction with the Healthcare Advocate, shall submit a list, in accordance with the provisions of section 11-4a, to the Governor and to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and insurance, of those Medicare organizations that have failed to file any data, reports or information requested pursuant to subsection (e) of this section.**]**

[(h)**]** (e) All hospitals, as defined in section 19a-490, which treat persons covered by Medicare Part A shall: (1) Notify incoming patients covered by Medicare of the availability of the services established

pursuant to subsection (c) of this section, (2) post or cause to be posted in a conspicuous place therein the toll-free number established pursuant to subsection (c) of this section, and (3) provide each Medicare patient with the toll-free number and information on how to access the CHOICES program.

[(i)**]** (f) The Commissioner on Aging may adopt regulations, in accordance with chapter 54, as necessary to implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2016*	17a-314

AGE *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill does not result in a fiscal impact to the state or municipalities. The bill eliminates references which are obsolete and conforms statute to current practice.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

HB 5379

AN ACT CONCERNING REMOVAL OF OBSOLETE PROVISIONS FROM THE CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM STATUTE.

SUMMARY:

This bill eliminates a reporting requirement related to the CHOICES program, which provides seniors and Medicare beneficiaries with, among other things, health insurance information and counseling.

Specifically, the bill removes a provision authorizing the insurance commissioner, in cooperation with or on behalf of the aging commissioner, to require that certain Medicare organizations (i.e., those administering Medicare managed care plans) submit to the insurance commissioner:

1. annual data, reports, or information relevant to plan beneficiaries and

2. when changes occur, information on current benefits, services, or costs to beneficiaries.

It also eliminates related provisions requiring:

1. Medicare organizations that fail to file the annual data reports or information to pay a $100 per day late fee and

2. the insurance commissioner, in conjunction with the healthcare advocate, to annually submit, to the governor and the Aging, Human Services, and Insurance committees, a list of Medicare organizations that fail to file the annual data, reports, or information.

(In practice, the insurance commissioner does not require Medicare

organizations to file these materials.)

EFFECTIVE DATE: October 1, 2016

COMMITTEE ACTION

Aging Committee

Joint Favorable
Yea 13 Nay 0 (03/08/2016)